Alabama Medicaid
Pharmacy Therapeutic Duplicate Overrides, Early Refill Overrides, and Maximum Unit Overrides

Therapeutic duplication is the prescribing of two or more drugs from the same therapeutic class such that the combined daily dose increases the risk of toxicity or incurs additional program costs without additional therapeutic benefit. This edit will warn pharmacists when a claim is submitted for a systemically absorbed drug in the same therapeutic class or a non-systemically absorbed drug with the same route of administration as another drug in the patient's active medication history. This edit takes into consideration the exhaustion of previously dispensed medications by calculating the day's supply and the dispensed date.

Providers may call in the needed information if one of the following reasons for requesting an override of the therapeutic duplication edit is indicated. Requests for response **A** or **B** can be made verbally by the pharmacist, physician or their authorized representative, if the needed information is available, without completing a hard copy of the Pharmacy Override Form. The reasons and documentation requirements for approval of requests for override of the therapeutic duplication edit are as follows.

Verbal approval may be given for the following indications:

A. Strength Change/Dosage Change: The request should be approved when it indicates that a different strength of the same medication is required, either higher or lower strength, with a valid, medically necessary reason for change provided (e.g. initial dose too strong, initial dose not strong enough, B/P too low on initial dose, higher dose needed, lower dose needed, etc.). This request can be initiated by the pharmacist, physician, or their authorized representative based on information available from previous medications filled or from information available on the new prescription. The override request can be made verbally and does not require the physician to sign the Pharmacy Override Form. The Stop Date of the medication being changed or discontinued must be provided.

B. Switch Over: This request indicates that a medication change is required within the same class. Any valid reason indicating that a medically necessary change to a different medication within the same class should be accepted and the edit overridden. The Stop Date of the medication being discontinued must be provided as well as the NDC number for each drug requested. The override request can be made verbally by the pharmacist, physician, or their authorized representative and does not require the physician to sign the Pharmacy Override form.

The following indications require a **written request**:

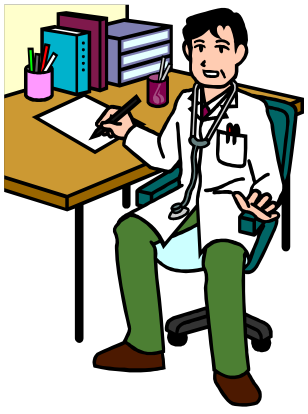
C. Titrations/Concomitant Therapy: This choice is used when the request is for medications within the same class being titrated (initial medication titrated down while second medication is being titrated up). The name of both drugs should be included along with NDC numbers for each drug. The timeframe for discontinuation of the medication being titrated down and off should be indicated. If there is no indication of a "Stop Date" for the initial medication the request would be considered for Concomitant Therapy and supportive medical justification for this therapy must be provided.

Examples:

1. **Titration:** Attempts at titration off of initial medication have been unsuccessful while the second medication was instituted and titrated up. Titration off will not be completed until February 27, 2004.
2. **Concomitant Therapy:** Maximum dose of initial medication was obtained with some improvement noted, and a second medication within the same class was used with improved results.

- Record the patient's name as it appears on their Medicaid card and their Medicaid number.
- Record patient's date of birth.
- Fill in the patient's phone number with area code.
- Indicate whether the patient is a nursing home resident.

- Record the prescribing practitioner's name and license number, along with phone number and fax number with area codes. Mailing address is optional.
- The prescriber should sign and date in this section on the prescribing practitioner signature line. By signing in the space indicated the practitioner verifies that the request complies with Medicaid's guidelines and that he/she will be supervising the patient during treatment with the requested product. The



practitioner further certifies that documentation is available in the patient record to justify the requested treatment.

- Information in this area may be completed by the pharmacy.
- Enter the pharmacy name and provider number.
- Enter phone number and fax number with area code.
- Record the NDC number.

- **This information is required for all requests.**
- Record the name of the drug, the strength requested and the date requested.
- If the request is for an **Early Refill**, indicate the reason by checking the appropriate blank. Additional documentation justifying the request must accompany the form as indicated.
- If the request is for a **Maximum Unit** override, fill in the diagnosis and medical justification.
- For **Therapeutic Duplication** requests the names of **both** drugs involved need to be included, along with an appropriate diagnosis, stop date(s), NDC number(s) and reason for change.
  -For **titration** the timeframe for discontinuation of the medication being titrated down and off **must** be included. Approve for up to 60 days, but never longer than the calculated time from request to stop date. If the titration "Stop date" is <60 days from the request date, only the date is needed to justify the request. If the titration "Stop date" is > 60 days from the request date, additional medical justification would be required.
  - If there is no indication of a stop date for the initial medication the request would be considered **concomitant therapy** and supportive medical justification of the need for concomitant therapy must be provided. Approval may be given for up to 6 months.

  Any information provided as supportive medical justification must be available in the patient record for review upon request.